Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

|                                                                                       |                                                      | CLAIMS AS                                 |                    | SMALL ENTITY                  |                              |                                  | OTHER    |                   |                        |        |                                         |                        |
|---------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------|--------------------|-------------------------------|------------------------------|----------------------------------|----------|-------------------|------------------------|--------|-----------------------------------------|------------------------|
| TOTAL CLAIMS                                                                          |                                                      |                                           | (Column 1)         |                               | (Column 2)                   |                                  | _        | TYPE              |                        | OR     | SMALL                                   |                        |
| TOTAL CLAIMO                                                                          |                                                      |                                           | 101                |                               |                              |                                  | <u> </u> | RATE              | FEE                    |        | RATE                                    | FEE                    |
| FOR                                                                                   |                                                      |                                           | NUMBER FILED       |                               | NUMBER EXTRA                 |                                  | В        | ASIC FEE          | 355.00                 | OR     | BASIC FEE                               | 710.00                 |
| TOTAL CHARGEABLE CLAIMS                                                               |                                                      |                                           | 10/ minus 20=      |                               | . 81                         |                                  | 1        | X\$ 9=            | 7.29                   | OR     | X\$18=                                  | 1458                   |
| INDEPENDENT CLAIMS                                                                    |                                                      |                                           | 6 minus 3 =        |                               | 3                            |                                  | Γ        | X40=              | 120                    | OR     | X80=                                    | 240                    |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                      |                                                      |                                           |                    |                               |                              |                                  |          | +135=             |                        | OR     | +270=                                   |                        |
| * If the difference in column 1 is less than zero, el                                 |                                                      |                                           |                    |                               | r "0" in c                   | olumn 2                          | <u> </u> | TOTAL             |                        | OR     | TOTAL                                   | 2468                   |
| CLAIMS AS AMENDED - PART                                                              |                                                      |                                           |                    |                               |                              |                                  |          |                   |                        | ı      | OTHER                                   | THAN                   |
|                                                                                       |                                                      | (Column 1)                                |                    | (Colu                         | mn 2)                        | (Column 3) SMA                   |          |                   | ENTITY                 | OR     | SMALL                                   |                        |
| <b>AMENDMENT A</b>                                                                    |                                                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | HIGH<br>NUM<br>PREVIO<br>PAID | IBER                         | PRESENT<br>EXTRA                 |          | RATE              | ADDI-<br>TIONAL<br>FEE |        | RATE                                    | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                                | *                                         | Minus              | **                            |                              | =                                |          | X\$ 9=            |                        | OR     | X\$18=                                  |                        |
|                                                                                       | Independent                                          | *                                         | Minus              | ***                           | T OL AINA                    | = -                              |          | X40≈              |                        | OR     | X80=                                    |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                        |                                                      |                                           |                    |                               |                              |                                  |          | +135=             |                        | OR     | +270=                                   | 4                      |
|                                                                                       | (Column 1) (Column 2) (Column 3)                     |                                           |                    |                               |                              |                                  |          | TOTAL<br>DIT. FEE |                        | OR     | TOTAL<br>ADDIT, FEE                     |                        |
|                                                                                       |                                                      |                                           |                    |                               |                              |                                  |          | ,011.1 EE         |                        |        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        |
| AMENDMENT B                                                                           |                                                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | NUIV<br>PREVI                 | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                 |          | RATE              | ADDI-<br>TIONAL<br>FEE |        | RATE                                    | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                                | *                                         | Minus              | **                            |                              | =                                |          | X\$ 9=            |                        | OR     | X\$18=                                  |                        |
|                                                                                       | Independent                                          | *                                         | Minus              | ***                           |                              | =                                |          | X40=              | -                      | OR     | X80≈                                    |                        |
| L                                                                                     | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM       |                                           |                    |                               |                              |                                  | -        | .105              |                        |        | .070                                    |                        |
|                                                                                       |                                                      |                                           |                    |                               |                              |                                  |          | +135=             |                        | OR     | +270=                                   |                        |
|                                                                                       |                                                      | AD                                        | TOTAL<br>DIT. FEE  |                               | OR                           | TOTAL<br>ADDIT. FEE              |          |                   |                        |        |                                         |                        |
| (Column 1) (Column 2) (Column 3)                                                      |                                                      |                                           |                    |                               |                              |                                  |          |                   |                        |        |                                         |                        |
| AMENDMENT C                                                                           |                                                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | NUM<br>PREVI                  | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                 |          | RATE              | ADDI-<br>TIONAL<br>FEE |        | RATE                                    | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                                |                                           | Minus              | **                            |                              | =                                |          | X\$ 9=            |                        | OR     | X\$18=                                  | ,                      |
|                                                                                       | Independent                                          | *                                         | Minus              | ***                           |                              | ]=                               |          | X40=              |                        | OR     | X80=                                    |                        |
| L                                                                                     | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= |                                           |                    |                               |                              |                                  |          |                   |                        | On     |                                         |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                                      |                                           |                    |                               |                              |                                  |          |                   |                        | OR     | +270=                                   |                        |
| **                                                                                    | If the "Highest Nu                                   | mber Previously Pa                        | aid For" IN THI    | SPACE                         | is less tha                  | n 20, enter "20."                | . AD     | TOTAL<br>DIT. FEE |                        | OR     | TOTAL<br>ADDIT. FEE                     |                        |
|                                                                                       | The "Highest Nun                                     | mber Previously P<br>nber Previously Pa   | aid For" (Total oi | Independ                      | is iess tha<br>lent) is the  | n 3, enter "3."<br>highest numbe |          |                   | ropriate box           | in col | umn 1.                                  |                        |